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COUNTY OF SAN DIEGO

GREGORY J. SMITH
ASSESSOR/RECORDER/COUNTY CLERK

Internet: <http://www.sdarcc.com>



RECORDER/COUNTY CLERK'S OFFICE
1600 PACIFIC HIGHWAY, RM. 273
RO. BOX 121750, SAN DIEGO, CA 92112-1750
(619) 237-0502 - FAX (619) 557-4155

MARRIAGE LICENSE APPLICATION

PLEASE PRINT

GROOM
Name:
First: _____
Middle: _____
Last: _____

Date of Birth: _____

Residence:
Address: _____
City: _____
Zip code: _____
County: _____

State/Country of Birth: _____

Mailing Address: _____

Number of Previous Marriages: _____

Last Marriage Ended By:
☐ Death ☐ Divorce ☐ Annulment
Date Marriage Ended: _____

Usual Occupation: _____

Kind of Business: _____

Highest School Grade or College Completed: _____

Father's
Full name: _____
State of Birth: _____

Mother's Full
Maiden name: _____
State of Birth: _____

Groom: Home Phone: (____) _____ - _____
Work Phone: (____) _____ - _____

BRIDE
Name:
First: _____
Middle: _____
Current Last: _____
Maiden: _____

Date of Birth: _____

Residence:
Address: _____
City: _____
Zip code: _____
County: _____

State/Country of Birth: _____

Mailing Address: _____

Number of Previous Marriages: _____

Last Marriage Ended By:
☐ Death ☐ Divorce ☐ Annulment
Date Marriage Ended: _____

Usual Occupation: _____

Kind of Business: _____

Highest School Grade or College Completed: _____

Father's
Full name: _____
State of Birth: _____

Mother's Full
Maiden name: _____
State of Birth: _____

Bride: Home Phone: (____) _____ - _____
Work Phone: (____) _____ - _____

AFFIDAVIT

We, the undersigned, an unmarried man and unmarried woman, declare that the foregoing information is correct and true to the best of our knowledge and belief. That no legal objection to the marriage nor to the issuance of a license is known to us, and hereby apply for a license and certificate of marriage.

Additionally, we acknowledge that we have received the brochure titled "If There Are Children In Your Future".

_____/_____/_____
Signature of Groom Date

_____/_____/_____
Signature of Bride Date

PRIVACY NOTIFICATION

Civil Code Section 1798 et seq. requires each state agency to provide this notice to individuals completing this form. The information is being requested by: Department of Health Services, Office of State Registrar, 304 S Street, Sacramento, CA 94244-0241, telephone (916) 445-2684.

The information requested on this certification is authorized and required by Division 9 of the Health and Safety Code, and related provisions within the Civil Code, Code of Civil Procedures, and Government Code.

The completion of all items requested on this form is mandatory. Health and Safety Code Section 103775 provides that, "Every person, except a parent informant for a certificate of live birth, who is responsible for supplying information who refuses or fails to furnish correctly any information in his or her possession which is required by this division, or furnishes false information affecting any certificate or record required by this division, is guilty of a misdemeanor".

The principal purpose for this record is:

1. To establish a permanent record that is legally recognized as prima facie evidence of the facts stated therein for each marriage occurring in the State of California.
2. To provide individuals with certified copies from the records to serve their personal needs, such as securing passports and applying for social security or death benefits.
3. To provide information, to health authorities and other qualified persons with a valid education or scientific interest, for demographic and epidemiological studies for health and social purposes.
4. This information is also provided to the National Center for Health Statistics for compiling national statistical reports.

The record shall be open for examination during regularly scheduled office hours, except when access is specifically prohibited by statute or regulations.